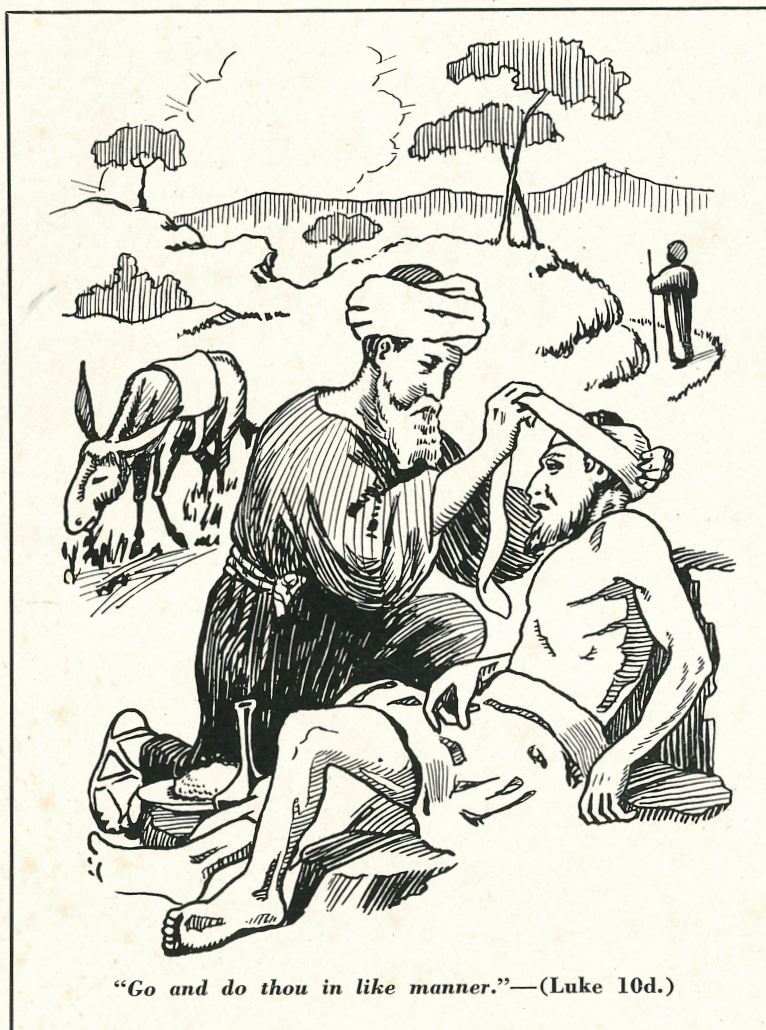


The MEDICAL MISSIONARY



"Go and do thou in like manner."—(Luke 10d.)

THE WAY OF THE "HAKIM"

By DR. CAROLINE O'CONNOR

THE "Hakims" or Indian quacks are one of the great problems that beset the path of the medical missionary on Indian soil. Their number is legion and they vary from the hereditary family physician who has received a certain amount of skill and knowledge from his ancestors, to the gentleman, who, having failed in some other walk of life, puts up a large sign outside his door stating that he has wonderful cures for a startling array of diseases.

Being called in consultation by one of these latter, I asked him about his degree. He mentioned many letters that corresponded to no known degree, and then inquired if I was not perfectly satisfied to work with so well qualified a doctor. I answered that indeed it sounded an important degree, and that I would like to know in what University he had obtained it. He replied that he had not studied in any college, but had read some medical books at home and had given the degree to himself.

Yet the ordinary people in India have unlimited confidence in them—a confidence which European doctors find hard to gain because their *modus operandi* is so different from that of the "Hakims," to whom the Indians have been accustomed for centuries.

Feeling the pulse is made into an elaborate ceremony and often it is the only examination of the patient made by them. For different diseases they claim it must be felt in different places—the side of the thumb, the wrist, the bend of the elbow, etc., the right hand for men patients and the left hand for women. If the patient is of low caste, the part must be covered with a cloth and the pulse is felt through it. Sometimes they also ask to see the tongue. When the patient is a Purdah woman, all they are allowed to see of her is a glimpse of the tongue protruding through a slit in a sheet behind which she stands, or to feel the pulse on a hand passed through the zenana window. On this amount of information they make their diagnosis of the case. Now and again the Purdah ladies test the doctor's skill by passing out the hand of a healthy woman first, to see if he will know that she is not the patient.

These practices make much trouble for the responsible European practitioner, as a great many patients refuse to state their complaint and expect that with two fingers on their wrist you can tell whether they require some liniment for lumbago or removal of the appendix. The patients in the hospital like to have their pulse felt a dozen times a day; if it is not done they think they are not receiving proper attention.

One of the first principles of the Hakim's

medical work is, that diseases are the result of the operations of evil spirits who have to be pacified by various offerings and incantations. They have a special prayer for each disease, and the patients are very surprised that European doctors do not seem to use any prayers in their cures of diseases. This is a point of special interest to the medical missionary. In my own experience I found that the best way to keep the throng of relatives and neighbors quiet during difficult cases was to give them some aspiration to recite. My favorite one was "Our Lady of Lourdes, we need your help." This aspiration rendered in the Tamil language has a most impressive sound and I doubt if in the town of Lourdes Our Lady was more trustfully and earnestly invoked than by these poor pagan people.

The use of baths and diets form a large part of the "Hakim's" treatments. Hot baths, cold baths, oil baths, and baths under the new moon. Their medicinal remedies are of the simplest, but the auspicious moment to administer them must be carefully sought from the astrologer, as also the lucky day to begin the treatment.

As regards to prognosis, their teaching differs widely from ours. They consider that the favorable or unfavorable termination of a disease may be predicted from the appearance, dress, demeanor and speech of the messenger sent to call the physician; from the nature of the asterism and the lunar phase marking the time of his arrival; the direction of the wind blowing at the time, and similar chance occurrences.

In the "Charaka Samhita," one of their authoritative medical works, the following advice is given: "*The physician should not take up for treatment that man who has got dropsical swellings of his feet, whose calves have lost all compactness, and whose thighs have become exceedingly weak. That man should not be treated with medicines whose hands, feet, arms and abdomen show signs of swelling, who has become divested of complexion, strength and appetite. That man should be forsaken—by the physician—from a distance whose chest is largely filled with phlegm, which is of a blue or yellow, or of a red color, and which comes out constantly. The physician possessed of knowledge should forsake from a distance that man, the hair on whose body stands erect and who has fever with a dry cough, and whose flesh has been reduced. The wise are of opinion that the period of life has run short of that man.*"

The fidelity with which the "Hakim" follows these counsels of his wise ancestors and deserts any patient whose condition seems serious is an ever-present opportunity and an open door for the medical missionary.

The MEDICAL MISSIONARY



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Editor: Dr. Anna Dengel

EDITORIALS

A LESSON FOR ALL TIMES

ON the 12th Sunday after Pentecost, which falls this year on the 19th of August, the parable of the Good Samaritan will be read to the faithful all over the world. Let us have ears to hear it!

Studying the parable carefully, we find that Our Lord really demanded a great deal when He said: "Go and do thou in like manner." (Luke 10 d.) It means to care for complete strangers, of a different religion and nationality, at one's own personal inconvenience and cost and even to undertake a certain amount of responsibility. Yet just this high ideal of charity is needed to promote the work of medical missions.

THE CATHOLIC HOSPITAL CONVENTION

THE editor attended the Catholic Hospital Association Convention held in Cincinnati from June 18th to the 22d. The lectures, exhibits and entertainments provided were excellent, varied and in extent so great that no delegate or visitor could avail herself of all that was offered.

The fact that there are about 700 Catholic Hospitals in the U. S. A. and Canada is a great glory to the Church, proving herself in the new world—as she always did and does still in the old—the merciful Mother of the sick and suffering, and providing ever-ready access to spiritual aid to thousands of souls at the first and last days of life and often in between.

Rev. Edw. Garesché, S. J., the editor of "Hospital Progress," kindly apportioned the editor a booth at the convention, which gave her an opportunity to explain to some of the delegate Sisters and visitors the aims of the Society, the medical needs of the Orient and the missionary value of healing, relieving, encouraging, instructing and guiding poor suffering mankind in countries still deprived of Christian civilization.

Hospitals are busy places; outside ideas penetrate with difficulty, but slowly, very slowly the window into the Orient is opening wider and wider and even the busy medical and nursing professions are forced to cast a glance into the life-eating ulcer of lack of sanitation and

hygiene, the resulting epidemics, neglected disease, infant mortality and the numerous deaths of young mothers. To know even a little of it must necessarily lead to action from no other motive than Christian charity. And so the editor feels that her days spent at the convention may result in more interest taken, more equipment and more supplies which can be spared or are needed no more sent to fields where everything can be used to help some one at some time. Above all there is the hope that the seed here or there may fall on good ground and that in due time one more young woman will give her life to God as a member of the little band of medical missionaries who have pledged themselves to shun no disease, no medical need in any corner of the mission world.

The medical mission vocation offers to women doctors and nurses an opportunity to practice the medical and nursing professions in their full scope, giving them at the same time the stability and the spiritual, financial and social advantages of living in a religious community approved by the Church. The Society is so constituted that surgical and obstetrical work is not only permitted but encouraged on account of the crying need at present expressed all over the foreign mission field for missionaries whose training and mode of life make it possible to come to the assistance of the long-suffering women of the East.

The garb of the members is so simple that they can go everywhere without attracting special attention, giving them an easier entrée in the mission field.

The Catholic Hospital Association Convention was a great success; one of its encouraging and generous features was that it did not only give space and time to the spread of interest in the spiritual and bodily welfare of people at home, but also to our less fortunate neighbor yonder.

A missionary who has borne the burden and heat of the day for many years in tropical Africa, writes: "The long existing gap in the vineyard of the Lord is now bravely filled by the Medical Mission Society."

THE FIRST TWO MONTHS

By DR. JOANNA LYONS

THE first hundred years are the hardest! People say that so often because—nobody of late having tried the second hundred years—no one is able to contradict the statement. Anyway, the first two months of the first hundred years in the Holy Family Hospital, Rawalpindi, have not been so bad.

You have heard of the hospital being built and you have seen its picture. On the feast of St. Thomas the Apostle (who is also the Apostle of India, you recall), we slept our first night in the new building. It was not finished and the weather turned cold and rainy. We had a curious existence for the next few weeks, more or less camping out in one end of the house. We felt in the big, empty building like three small peas in a very large pod. But it was fun, too, for such funny things happened every day that we laughed as we had not laughed since the early days when we first set up house-keeping in Washington in 1925. The morning after we came to the new house, the Lord came to stay with us and every morning a priest came on his motor-bicycle from the big church in the cantonment to say Mass in our little chapel.

With a firm belief in the principle that "It pays to advertise," we prepared some orange-colored handbills announcing to the world that a good new hospital was presently to be opened "between the Company Park and the Horse Fair," and inviting everybody to come and have a look. A number did come, in spite of the fact that the rainy weather turned rainier still and the newly made ground about our building became something of a quagmire. Curiously enough, the ones who chiefly availed themselves of the invitation were high school and college boys—there are six high schools and one college in Rawalpindi. They stalked solemnly through the building and perhaps the next day and the third came as repeaters to stalk solemnly through again.

We opened for business on the second of February. It rained all day long and but two patients turned up—one an indoor patient arriving at 5 o'clock in the morning, and the other, a lone woman who came to the dispensary. The next day three or four came, then a few more and a few more until one day we had 46, though mostly we have about 30 a day now. As dispensaries go

here, this is not a big number, but as many of these are cases for treatment, not simply for medicine, and as one of our two nurses does the compounding of medicines in addition to her other work, it gives us about all we can do. They all arrive at about the same time—life here is much more dependent upon the sun than it is at home—and to polish off even this many patients in a foreign language during a couple of hectic hours is a job. Mind, we are not growling, we like it; and the more that come the better we like it.

These patients have all sorts of quaint notions—they dearly love any sort of examination. Someone will ask you to examine her for stomach ache with a stethoscope because she caught sight of the

patient immediately preceding her having a stethoscope used upon her. Some of the simpler ones from villages disdain to give any history, but expect the doctor to feel their pulse and instantly know all about them. But all in all, they are not so unsophisticated—this is a city and the men-folks of these women have been more or less in contact with English people for many years. Punjabi women are very good-looking and very likeable and the children are darlings.

They get quite friendly and like to linger for a chat, if there is any chance at all. They examine the doctor to see if her hair is cut short (it is) and make jokes upon the subject. They object to

the material of which dispensary gowns are made and inquire into the Crucifix upon the wall and the picture of the ubiquitous Little Flower. They are good fellows, these women of Northern India, particularly the Mohammedans, intelligent and courageous and able to make a joke and to take one. Whenever this district becomes Catholic and we have convents and nuns here, there will be more than one St. Teresa, I imagine.

The indoor patients are extremely interesting. Some of these days I hope that one of the nurses will write an account of nursing as it has been carried on here. Each patient brings one woman relative along who encamps by her bed at night on a low string bed and by day any number of relatives may come in. One day when we brought a patient back from the operating room to her bed I counted 15 relatives either in the room or peeping in the windows.

Very many of them will not eat our food and



AWAITING THE WASHING MACHINE,
THE LAUNDRYMAN CALLS ONCE A
WEEK

the relatives or servants bring little charcoal burners and cook bits all day long. We have two little kitchens for this purpose—one for Hindus and one for Mohammedans, but they *will* bring these little stoves onto the verandas and into the wards. By the time they have strewn a few pots and pans and stoves and bits of clothing about, the wards are beautiful to behold.

The patients or their relatives usually clamor for much medicine, but when it is brought to them they shudder and hang back from taking even things which are not unpalatable. Of bitter medicine they have a great dislike and often stipulate in advance—"Don't give me bitter medicine." Injections they fear, but love the intravenous variety which give no trouble afterwards. They consider them in the light of a small operation to tell their friends about.

We have great faith in the future of this place. We are extremely short-handed and we need more money and we have a number of minor troubles like clouds of flies and the heat and the language and the curious notions and the habits of the people, but all in all, things are not going badly. We can give the essentials of medical care, even if we cannot have nice, white rows of beds to show off. People who stay any length of time at all go away in a very friendly mood and in this way we shall, please God, prepare the way for the reception of Catholic teaching when the time is ripe to give it formally. And when will this be? In God's good time, perhaps in the next generation or the second next. Meanwhile, we now and then meet with a child on the point of leaving this world for a better, and hand him his passport to Heaven.

There is nothing to be discouraged about; the motto of this house is "In Thee, O Lord, have I hoped, and I shall never be confounded."

THE NURSES' VERSION

On May 17th, Sr. M. Laetitia writes: "I hope that all our members at home are as fond of animals as . . . *I used to be!* Night duty here is hair raising! I have never seen such spiders in my life! and by the dozen! There is one walking towards me at present; not only do they crawl but some actually hop a foot or more. There are lizards on the walls and the other night I called Sr. Agnes Marie to kill a scorpion. There are regular clouds of mosquitoes. Crickets abound. Centipedes are of the millionpede va-

riety here. One night, a nice little frog sat on the table. Bats used to fly around at will and bump into everything; they sounded like guns in the silence of the night, but since we have screens they do not come inside any more. Moths flutter hither and thither and heaps of other varieties of insects that none of us know the names of. Every now and then a starving, mangy cat or dog comes slinking down the corridor. Poor things! The Hindus will not kill their animals but let them starve to death. There is not enough food here for men, much less for animals.

Our training school is progressing; we have three more nurses, making five in all. The last three seem nice girls. I hope that they will like it. Nursing is rather beneath these Indian lassies; it is difficult to get a good class of girls to take up this work.

Nursing in India is different from home; the great difficulty is that people are not accustomed to discipline. If patients do not want to do a thing, they simply will not do it. We have to be accommodating and patient with them.

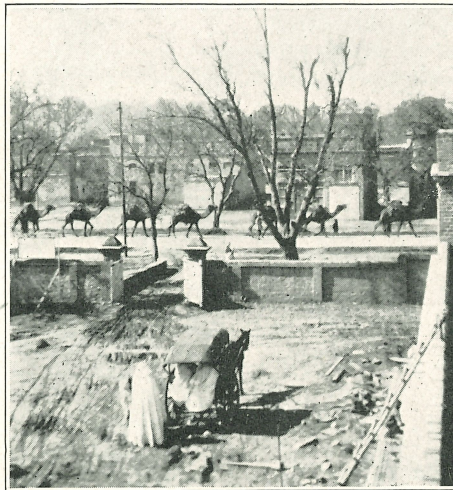
On the whole the patients are glad of what we do for them, especially when they go home well; they are very happy then. The Sikhs stand by us in great style, in spite of the fact that we make them take medicine or a treatment at the proper time and not just when they feel inclined for it. They realize afterwards that we did it all for their good and are quite grateful and usually send

along their friends and relatives.

At present we have a laparotomy case whose mother has a little girl of two and a half years; she is a darling little girl, but they are neglecting her because they do not want her. She is about the size of a half starved four months old baby; her poor little arms and legs are regular little sticks. We took her and fed her up for about two weeks. She was getting so well that they took her away. She seems to be an idiot, whether from neglect or birth is hard to say; the mother probably knows that something is the matter with her and therefore does not want her to live. At night I find her kicking about the mother's feet, eaten up by mosquitoes and sometimes icy cold about the feet and the rest of the body burning with fever. I wish they would give her to us, I love her so, but they won't for some reason or other.

We are getting along quite well with Urdu but Punjabi is the language of the women and it

(Continued on page 7)



MOHAMMEDAN PATIENTS LEAVING
THE DISPENSARY

THE SOCIETY AT HOME

HIS Excellency, Most Rev. Edw. A. Mooney, Apostolic delegate to India, accompanied by V. Rev. Michael A. Mathis, C. S. C., Superior of the Holy Cross Foreign Mission Seminary at Brookland, D. C., honored our Society with a visit on a hot June day. His Excellency having blessed our Hospital in Rawalpindi was able to give us some impressions of it, and knowing the need of laborers expressed the wish that our numbers would soon outgrow our little chapel.

At present the Franciscan Fathers destined to leave soon for China are celebrating Mass every morning in our Chapel. They are in Washington to attend a six-week course arranged by the Medical Mission Board, N. Y., and given in Georgetown University to Missionaries, to equip them with some knowledge to help themselves and others medically in the Missions.

Similar courses are given in Wurzburg, Bavaria, and also in Lille, France.

The Medical Mission hill is a beauty spot in summer; the isolation and half wilderness and half civilization give it a comfortable charm.

We are all delighted that the vegetable garden is such a success. Sr. Anthony, our chief gardener, also happens to be the Stewardess-Treasurer. It explains her keen interest in beans and beets. To give her her due, she also raised a variety of beautiful flowers for the altar. The appearance of our compound reminds me of a story.

A motorist passing through a country district

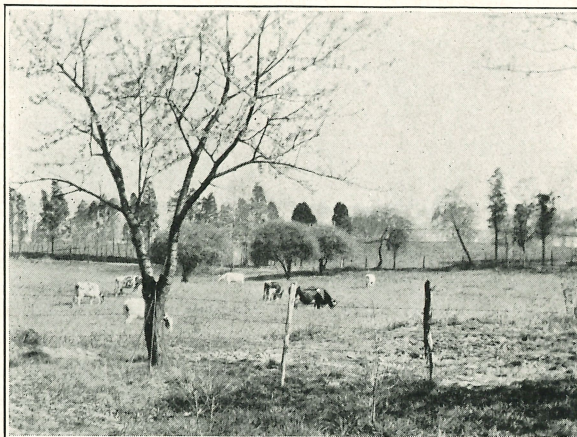
was much amused at an old country man making terrific efforts cutting the grass with an ancient lawnmower. He parked his car near and facetiously asked: "What is that you are using?"

"What is that you are driving?" said the country man.

"Oh, that's my automobile."

"Well," said the farmer, "this is my *ought-to-mow-grass*—but won't."

Partly because our lawnmower is in a similar condition and because our compound is more like a field than a lawn, we have to engage a man to cut it occasionally. Sr. Anthony, however, recently hit on a cheaper method. During Dr. Dengel's absence she invited our neighbor's cows, who did it free and for nothing and enjoyed it at that.



OUR BOVINE HELPERS

MEDICAL MISSION NOTES

THE WURZBURG MEDICAL MISSION YEARBOOK

THE fifth annual yearbook of The Medical Mission Institute, Wurzburg, Bavaria, edited by Rt. Rev. Dr. C. Becker, S. D. S., is eagerly awaited every year, being the most interesting and largest current Catholic Medical Mission publication on the market. Every page of it represents real flesh and blood—accounts and expressions of ideals and aspirations from doctors, men and women, who have actually put their profession in the service of God in the Mission Field in China, in Africa, in India, and on the Amazon. There are no vague descriptions, but scientific articles on the treatment of tropical diseases, and facts about conditions seen through professional eyes and pictures of actual mission hospitals, besides an account of the splendid progress of the Medical Mission Institute.

The 1927 band sent forth from the Medical Mission Institute was made up of one woman

doctor destined for South Africa, one Tyrolean doctor for Africa also, and the third, whose wife bravely chose to share his vocation, went to Batavia.

We rejoice at the splendid achievements of our colleagues in Germany.

NEW MEDICAL MISSION MAGAZINE

Dr. E. H. Hermans, head of the department for dermatological diseases of the hospital for ship and tropical diseases, Mathenesserlaan 272, Rotterdam, told us recently that Holland also has inaugurated a Medical Mission Magazine, appearing monthly, which has the purpose to publish descriptive articles and scientific contributions by missionaries.

We are not surprised—for Holland is well known for its missionary zeal. The example of Holland's two million Catholics is an inspiration to the world. Over seven thousand Hollanders—priests, brothers and nuns are laboring in foreign missions. Did every country attain this proportion, how near the triumph of the Cross would be over paganism.

To our sister publication "The Medical Missionary" in Holland, we wish a happy, long and useful life.

SMALL PUNJAB BRIDAL COUPLE

Contributed by MARGARET LAMONT, M. D.



A PUNJAB BRIDAL COUPLE

THIS picture of a little Indian bridal couple was taken at a large Punjab hospital. The little bride is being brought up side by side with her husband and his brothers and sisters. Indian girls are very gentle, but children are children, and possibly this little pair slap each other as brothers and sisters sometimes do. At 12 or so, they will, as we understand it, give the girl in actual marriage to the boy some years her senior. Doctors cannot approve of girls becoming mothers at 13 or 14. It is true that the young mother is guided by the older women, especially the mother-in-law, in whose house the couple will go on living probably till the old father's death, unless the bridegroom is a modern youth and goes away to make a salary in the big town.

All children in India run many risks on account of the unsanitary surroundings, the yearly recurring epidemics, the frequent absence of proper medical aid, and a certain number of young husbands and young wives necessarily die every year. According to Hindu law the former are allowed to marry again, but not so the latter. The widow is regarded as a failure in her highest duties.

In the Hindu religion the woman is regarded as custodian not only of her children's welfare but also her husband's. He is regarded more or less as her god. It is her business to keep him alive and happy and to give him, if so blessed, a son. Should he die, the old idea was that she should voluntarily die with him on his funeral pyre. This suttee is not allowed by the British Government, but there is reason to suppose that it is still done surreptitiously at times by idealistic girls wrought up by grief and urged by relatives pining for reflected glory. She would be stupefied by drugs, of course, and very likely merely

scorched and then thrown into some sacred river which would extinguish any spark of life painlessly. (I say this because nothing is gained by exaggeration. The Hindu is on the whole of a gentle loving disposition.) In Madras the Government has a large boarding school for high caste Hindu widows to train them for high-class work.

Although suttee was abolished by an act of Parliament 100 years ago, the problem of the 26 millions of widows is not yet solved. The act of Parliament has given her the right to live, but it cannot change the social stigma attached to her. The bridal ornaments, the glory of the Indian woman, are taken from the widowed girl, and only one unattractive garment is allowed her for summer and winter alike. To lessen her attractiveness her hair is shaved close to the head. As soon as she is able to work, the least pleasant and hardest work is given to her. She is shunned at weddings and other feasts as of evil omen. After childhood is past she may eat only one meal a day, and has to abstain even from water twice a month for 24 hours. Occasionally such a child throws herself down the ever-handy well. Other times she runs away with only one future before her. Case after case may turn up at the dispensary and say "widow" on interrogation by the nurse registrar. She is very often unaccompanied and just a moral derelict.

The Hindus themselves see these evils and are anxious to reform. Kindly cooperation does more good than open blame.

350,000 MARRIED CHILDREN IN THE BOMBAY PRESIDENCY

Mr. Jadhav, a member of the Bombay Legislative Council, says recently in "The Statesman," a Calcutta daily: "There are 74,000 married children in the Bombay Presidency under five years of age. Of these 3,574 are widows. Nearly 2,000 boys and girls were married before they were a year old. The total number of married children between the ages of 5 and 10 is nearly 350,000."

THE NURSES' VERSION

(Continued from page 5)

seems very different from Urdu, but eventually I am afraid, we shall have to study it. We have already picked up a few stray words. We get plenty of practice in the language, so much so, that if anyone comes to my door in the day time, I instinctively call out in Urdu.

Sr. Agnes Marie was the first down with fever, but not much and she is quite well again.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

Foundation and Approbation: The Society of Catholic Medical Missionaries was founded in September, 1925, in Washington, D. C., with the approval of His Grace, Most Reverend Michael J. Curley, D.D., Archbishop of Baltimore.

Purpose and Field: The purpose of this Society is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign Mission countries of the world.

Nature of Work: The vocation of a *Medical Missionary* is a combination of spiritual and corporal works of mercy. Having access by means of her profession, as Doctor or Nurse, to many with whom no other Missionaries can come in contact, she is afforded numerous opportunities to instruct the sick and their relatives in our Holy Religion, assist the dying, and to baptize infants in danger of death. By her charitable ministrations, she wins the love and confidence of the people and is thus enabled to break down prejudice and superstition, and prepare the way for their reception of the truth.

Scope of Work: The scope of the Medical work includes the provision and equipment of mission hospitals and dispensaries, medical schools, training schools for native nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries, which bring medical aid from village to village, also obstetrical work and visiting the sick in their homes which are of primary necessity in mission countries.

Nature of the Society: The members of the Society live in community, in the spirit of the evangelical counsels. After one year of probation, which is devoted to spiritual and missionary training, the candidates solemnly promise to keep the Constitutions and they pledge themselves, by oath, to remain in the Society for three years, to go without delay to any region or place whither they are sent by the Superior of the Society and to accept any employment assigned to them.

The Solemn Promise and Oath are renewed after three years for another period of three years, after which they are taken for life.

As members receive no salary, the Society makes provision for their maintenance in the same manner as other religious communities.

First Hospital: The first hospital opened by the Society of Catholic Medical Missionaries is located in the native city of Rawalpindi, Punjab, India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Three of the pioneers of the Society are in charge of this Hospital, which was dedicated on December 14, 1927.

We will be pleased to hear from any women doctors or nurses who are interested in Medical Mission work and who would be willing to devote their lives and profession to this missionary work.

As the Medical Apostolate in Foreign Mission countries entails many-sided activities, there is full scope for every talent. Non-medical Members can contribute to it greatly by social service, secretarial work, journalism, housekeeping, etc. Address:

DR. ANNA DENGEL,
Society of Catholic Medical Missionaries,
Bunker Hill Road and 16th Street N. E.,
Brookland, Washington, D. C.

TRAGEDY OF INDIA'S BLIND

Mr. A. K. Shah, Principal of the Calcutta Blind School, in the course of an interview with the "Statesman," a Calcutta daily, remarked: "It is surprising that in the face of the progress made in various other directions, India has been late in the work of bringing light to the blind, though her blind population is considerable."

Although according to the latest census statistics given there are 600,000 sightless, it is difficult to verify the exact number of the blind. Blindness is popularly conceived as total loss of sight, therefore, many do not list themselves as such because of the fact that they can see enough to walk about. This gives reason to suppose that the actual number of the blind is considerably larger than can be inferred from the census.

However, as the figure stands (600,000) it is the highest in the world. China is only 500,000 with a greater population. The blind population of India surpasses Europe and Russia combined by 100,000. Egypt, nevertheless, stands first in proportion of the blind to the population, having about 14,000 to a million. India has about one-tenth of that ratio. At present there are only 12 schools or workshops, or 50,000 blind to one institution in India.

In the past the blind merely received doles with which to procure the necessities of life, but today, as Helen Keller says, "they do not want mere doles, they want light, and that light is given through work, through employment." The education of the blind is necessarily costly and therefore at present can be made available to comparatively few in the Orient. But through proper medical aid much blindness can be prevented.

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Brookland, D. C.

Dear Doctor Dengel—I am very much interested in your work and in your magazine. Enclosed is \$..... for year.....

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